



EOB Clarification Form

Use this form when the Explanation of Benefits (EOB) statement for the below patient does not indicate that they received STELARA® or Ustekinumab (ie, STELARA®, J3357, or J3358).

Instructions for Completing and Submitting the EOB Clarification Form

1. Complete the information requested below and sign the form.
2. Visit Portal.JNJwithMe.com to create an account and upload the signed form **or** fax it to 844-250-7193.

Please submit this completed form to ensure your patients receive their rebate promptly.

Provider Name _____

Treatment Location _____ Date _____

In order to determine the patient's rebate, please provide information for the patient's treatment with STELARA® or Ustekinumab and the Date of Treatment, as requested below.

The information you provide will be used by Johnson & Johnson Health Care Systems Inc., our affiliates, and our service providers to determine if your patient is eligible to receive benefits related to their participation in the STELARA withMe Savings Program. This information will be used in evaluating a rebate request. By providing this information, you understand and agree that you are doing so at the request of your patient and that the information you provide is accurate. If your patient wants to stop receiving this information or service, they may withdraw from the program by calling 844-4withMe (844-494-8463). Our **Privacy Policy** governs the use of the information you provide.

Patient Name _____ Date of Birth (MM/DD/YYYY) _____

☐ STELARA® 45 mg syringe: NDC 57894-0060-03

☐ Ustekinumab 45 mg U.SAFE: NDC 57894-440-01

☐ STELARA® 90 mg syringe: NDC 57894-0061-03

☐ Ustekinumab 90 mg U.SAFE: NDC 57894-441-01

☐ STELARA® 45 mg vial: NDC 57894-0060-02

☐ Ustekinumab IV 45 mg vial: NDC 57894-440-03

☐ STELARA® 130 mg vial: NDC 57894-0054-27

☐ Ustekinumab IV 130 mg vial: NDC 57894-444-01

Date of Treatment _____

By signing below, you are confirming that this patient received treatment with STELARA® or Ustekinumab on the date listed above.

Signature _____ Print Name _____

If you have any questions about the STELARA withMe Savings Program, please call 844-4withMe (844-494-8463), Monday–Friday, 8:00 AM–8:00 PM ET.

Please see the full Prescribing Information and Medication Guides for STELARA® and Ustekinumab. Provide the appropriate Medication Guide to your patients and encourage discussion.

Any individual or entity who enrolls or assists in the enrollment of a patient in the Savings Program represents that the patient meets the eligibility criteria and other requirements described. See program requirements at **STELARAwithMeSavings.com**.

The patient support and resources provided by STELARA withMe are not intended to give medical advice, replace a treatment plan from the patient's healthcare provider, offer services that would normally be performed by the provider's office, or serve as a reason to prescribe STELARA® or Ustekinumab.

Information about your patient's insurance coverage, cost support options, and treatment support is given by service providers for STELARA withMe. The information you get does not require you or your patient to use any Johnson & Johnson product. Because the information we give you comes from outside sources, STELARA withMe cannot promise the information will be complete.

Please see the full Prescribing Information and Medication Guides for STELARA® and Ustekinumab. Provide the appropriate Medication Guide to your patients and encourage discussion.